

of testimony, 1,500 people and horror stories beyond comprehension. I brought those stories and the results of that to the Democratic caucus. We began holding hearings here on the lawn right outside the Capitol. And from that came a series of health care proposals, because we learned that the American people had lost complete confidence in the health care system.

They were screaming for help and could not understand why we as Members of Congress let this go on so long. We had the best health care delivery system in the entire world, and we let it fall apart; and people could not understand why.

Now, today, we have a chance to fix that. We can stop the insurance companies from deciding what doctor we can go to, if we can go to a doctor, what hospital, what kind of treatment we can get. We can put health care back in the hands of doctors and patients by passing Norwood-Dingell.

NATIONAL 4-H WEEK

(Mr. DEAL of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DEAL of Georgia. Madam Speaker, I rise today in honor of the National 4-H Club. October 3 through 9 is designated as National 4-H Week.

Across the country this week, the youth are marking the 97th year of this organization and are asking the question with the theme: Are you into it? The theme is embraced by more than 6.5 million young Americans who take part in 4-H educational programs. It is time to celebrate the diversity of 4-H activities and people, and to recognize the achievements of youth who strive to develop the four Hs: head, heart, hands, and health.

Founded in 1902 as an agricultural youth organization, 4-H is no longer just cows and plows. To keep up with the wide range of interests of today's youth, 4-H programs have diversified and include such things as designing web pages, participating in mock legislatures, community cleanups, and so forth. Since its beginning nearly 100 years ago in rural America, about 45 million Americans from all walks of life have been involved in 4-H.

Madam Speaker, I have authored a resolution in honor of the 4-H clubs of America as we congratulate their members.

SUPPORT NORWOOD-DINGELL PATIENTS' BILL OF RIGHTS

(Mr. ALLEN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ALLEN. Madam Speaker, I rise in strong support of the Norwood-Dingell Bipartisan Consensus Managed Care Improvement Act.

This debate pits doctors and patients against the health insurance industry.

The insurance industry has weighed into this debate to protect its pocket-books, not its patients. In TV ads and on this floor, opponents of a patients' bill of rights have tried to demonize trial lawyers. But this debate is how to encourage HMOs to provide better care to their patients.

The substitutes to Norwood-Dingell preserve some or all of the legal immunity that the insurers now have even when their decisions kill or injure patients. If HMOs can be held liable for their own negligence, they will pay more attention to patients. They will be more careful. That is all. It is simple. That is what this debate is about. Pass the Dingell-Norwood Patients' Bill of Rights.

SUPPORT H.R. 3034, TO EXPAND FLEXIBLE SPENDING ACCOUNTS

(Mr. ROYCE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ROYCE. Madam Speaker, flexible spending accounts allow employers and employees to contribute pretax money to accounts which they can then use to pay for out-of-pocket medical expenses and insurance costs and to pay for deductibles. But there is a problem in the Tax Code with the way in which these accounts work today, and that is there is a use it or lose it provision where it reverts back to the employer. So, typically, people put down \$750 of pretax to use for these flexible spending accounts, and at the end of the year about \$140 reverts back that they are not able to use.

My bill, House bill 3034, would allow this to be expanded, would allow this to be carried over into the following year so that that would not be lost. A lot more people would utilize this provision if they did not lose it.

Many employees would choose less expensive, high-deductible insurance policies and put the premium savings then in their flexible spending accounts if they knew they could roll that over into the following year. It also reinforces the doctor-patient relationship.

Madam Speaker, I urge support for H.R. 3034.

NORWOOD-DINGELL OFFERS BEST PROTECTIONS FOR AMERICAN FAMILIES

(Ms. DELAURO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. DELAURO. Madam Speaker, today we have a historic opportunity to pass HMO reform that will ensure that medical decisions are made by doctors and patients and not by insurance companies.

These are sensible patient protections that all parents should have for their families. But to pass them, we are being forced to cross a mine field. The Republican leadership has teamed up

with the insurance industry to obstruct and weaken the Patients' Bill of Rights. The Republican leadership has set up a series of amendments that will undermine the basic provisions of this bill, a bipartisan bill. And I stress bipartisan.

The Patients' Bill of Rights simply ensures that medical decisions are being made by doctors and hospitals and that HMOs are accountable for damages caused by wrongful denials. These provisions are already working for families in California and in Texas; now every family deserves them.

I call on my colleagues to defeat the poison pill amendments, pass the Norwood-Dingell bill, the Patients' Bill of Rights, which today's New York Times says, and I quote, "offers the best place to start in getting strong protections for millions of American families."

SUPPORT A PATIENTS' BILL OF RIGHTS, NOT A LAWYER'S RIGHT TO BILL

(Mr. HAYWORTH asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HAYWORTH. Madam Speaker, I always enjoy hearing from my colleague from Connecticut, especially her description of a poison pill involving legislation. Madam Speaker, let me suggest to my colleagues the only poison pill is that which would seek to enrich and empower trial lawyers and courtrooms over clinics.

There is much we can agree on in truly a bipartisan fashion. I believe, as I think every Member of this House does, that when it comes to health care decisions, those decisions should not be made by an insurance company bureaucrat any more than they should be made by a Washington bureaucrat. The power should be in the hands of the patients.

The patients I know in the Sixth District of Arizona want to see a doctor, not a lawyer. They want access to a clinic, not a courtroom. And they do not want their estates to sue; they want to live long, productive lives and seek help. That is the essence of what happens today, not demonization of the insurance companies nor a poison pill of freedom for patients.

Let us have a true patients' bill of rights, not a lawyer's right to bill.

LOOK TO TEXAS FOR EXAMPLE OF MEANINGFUL MANAGED CARE REFORM

(Mr. GREEN of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GREEN of Texas. Madam Speaker, my colleague from Arizona needs to come to Texas, and we will show him what has happened in the real world when we have really had a Patients' Bill of Rights and real effective reform.

We do not have a lot of lawsuits. In 2 years, in fact we have had three, maybe four.

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What we have seen, though, is the external appeals process backed up with the right to go to the courthouse means that they settle those appeals.

In Texas, we are finding that over 50 percent of the appeals are being found in the patient's favor. In other words, the decision-maker, the insurance company, whoever made that decision was wrong over 50 percent of the time. And that is what is wrong with the current system.

I do not want lawyers to get rich. They want health care. The people want health care. That is what they are doing. And in Texas, with 2 years' experience, that is what is happening, strong external appeals backed up with a judicial review that they do not want to go to neither the insurance companies nor the patients.

We have that in the Norwood/Dingell bill, and that is why it is so important. Medical necessity, external appeals, access to specialists, emergency care, but also backed up with an accountability system.

If Wal-Mart can be sued for a slip-and-fall in State courts, why should their employees not be able to go to State courts?

TIME FOR CONGRESS TO QUIT PLAYING PARTISAN POLITICS WITH AMERICA'S SCHOOL- CHILDREN

(Mr. CHABOT asked and was given permission to address the House for 1 minute.)

Mr. CHABOT. Madam Speaker, we have heard a lot of talk about health care here this morning. And health care is very important. Education is pretty important, too.

I think it is time for the President and his liberal Democratic friends here in the House to quit playing partisan politics with American schoolchildren and with their schools. They spend so much time distorting the Republican record on education spending that they fail to acknowledge that spending is not the only issue.

We all believe that education funding is important. The difference lies in how we want that money to be spent. Liberal Democrats want it to be spent on more big government programs. It does not matter to them if the programs work or not as long as they can make themselves believe that they are helping kids.

I would rather see education dollars go directly to the classroom where it can be spent by people who know other children's names. They could spend it on books or chalk or computer equipment or whatever else they need to teach their students. This is a whole lot better than spending it on reams of bureaucratic paperwork.

BIPARTISAN CONSENSUS MAN- AGED CARE IMPROVEMENT ACT OF 1999

(Mr. LAMPSON asked and was given permission to address the House for 1 minute.)

Mr. LAMPSON. Madam Speaker, I rise today to challenge all of my colleagues, Democrats, Republicans, Independent, to pass legislation that would provide all Americans with the health care protections they need and deserve.

It concerns me that patients from my district are being denied the health coverage they need to lead productive lives. It seems that I cannot pick up the Beaumont Enterprise or Texas City Sun without reading about someone who was denied care because some insurance company decided that a procedure was not necessary. It has even happened to my own daughter, Stephanie.

It is one thing to keep costs down, but it cannot be done at the patient's expense. That is why I support the Bipartisan Consensus Managed Care Improvement Act of 1999.

I am confident that this bill will give residents of Hotel Beaumont, a senior citizens community in the heart of my hometown, the right to choose a specialist and see the same doctor throughout treatment.

It is time for us to put our money where our mouth is. Let us prove to the American people that this Congress can work together to address issues that they really care about. Let us pass H.R. 2723.

HEALTH CARE REFORM

(Mr. HAYES asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HAYES. Madam Speaker, this morning I rise to simply say that the people in the 8th District of North Carolina care about access, they care about quality, they care about affordability. That is what we on our side of the aisle care about this morning. We want to provide that.

The language that some of my liberal friends use may be good politics, but it is bad medicine for the people in the 8th District. Support the bill that gives access, that gives affordability, and give quality to the people of America. Support Boehner. Support Shadegg/Coburn.

HEALTH CARE REFORM

(Mr. SNYDER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SNYDER. Madam Speaker, as a family doctor in Arkansas for 20 years, I am well aware that doctors and nurses do not know everything about health policy. But one thing I do know is that, in a doctor's office in America today, arguments and shouting

matches with insurance companies occur on a regular basis.

Let me tell my colleagues about one example. I saw a patient with depression; and as part of the treatment, I thought they needed counseling. How do I obtain counseling? I took the patient into a room, gave them an 800 number to their insurance company, and they had to call an anonymous voice on the phone who made the decision about whether they would get counseling and for how many sessions.

This is wrong. If anonymous voices working for insurance companies at the end of a phone make medical decisions, they should be held just as accountable under State law as doctors and nurses.

Pass Norwood-Dingell.

REPUBLICANS ENDING 30-YEAR RAID ON SOCIAL SECURITY

(Mr. THUNE asked and was given permission to address the House for 1 minute.)

Mr. THUNE. Madam Speaker, Republicans here in the House are doing the right thing for seniors, the right thing for our children, and the right thing for every American who hopes to retire. We have walled off Social Security and placed it in a secure lockbox. We are ending the 30-year raid on Social Security.

Now we need our colleagues in the Senate to do the same thing: Take up the lockbox legislation, follow our lead, and do what is right for our parents, our children, and for the next generation of Americans.

The American people deserve to know who is serious about protecting and saving Social Security. We need the lockbox legislation passed in the Senate and signed into law by the President.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mrs. BIGGERT). The Chair must remind all Members not to suggest actions to be taken by the Senate.

MANAGED CARE REFORM: A MAT- TER OF VALUE, ETHICS AND PRIORITIES

(Mr. STRICKLAND asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. STRICKLAND. Madam Speaker, the issue before the House today is a complex one, but the answer is fairly simple. We are being given a forced choice today. We can either choose to put medical care back into the hands of physicians and patients, or we can allow those medical decisions to remain in the hands of insurance bureaucrats.

All across America today, citizens are being harmed and I believe are losing their lives because we have allowed